

Martin County West Public Schools

Central Office
105 E 5th Street
Sherburn, MN 56171

Allison Schmidt, Superintendent

District No. 2448
507-764-2330
(Fax) 507-764-2335

March 21, 2014

Marlene H. Dortch, Secretary
Federal Communications Commission
Office of the Secretary
445 12th Street SW
Washington DC 20554

Re: Waiver request CC Docket 02-6

The following information is for Martin County West School District:

Billed Entity Number:	133849
470 Application Number:	540060001235371
Funding Year:	2014 (July 1, 2014 through June 30, 2015)

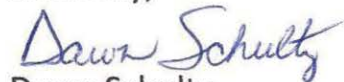
Dear Ms. Dortch:

I am requesting a waiver for the Form 471 filing window deadline for the 2014 Funding Year. I posted the Form 470 on March 12, 2014. Therefore, the date I will file the Form 471 is April 9th which is outside the filing window.

Although I have been filing for E-rate for a number of years, somehow I let the Form 470 filing window get by me.

Thank you for considering this waiver and sincerely hope that you can grant our request.

Sincerely,



Dawn Schultz

District Accountant
Martin County West Schools

FCC Form 470

Approval by OMB
3060-0806**Schools and Libraries Universal Service
Description of Services Requested and Certification Form 470**

Estimated Average Burden Hours per Response: 3 hours

This form is designed to help you describe the eligible services you seek so that this data can be posted on the Fund Administrator Internet Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before beginning this form. (You can also file online at www.usac.org/si)

Form 470 Application Number: 540060001235371	Applicant's Form Identifier:
Application Status: CERTIFIED	Posting Date: 03/12/2014
Allowable Contract Date: 04/09/2014	Certification Received Date: 03/12/2014

Block 1: Applicant Address and Information

1 Name of Applicant:
MARTIN CO WEST SCH DIST 2448

2 Funding Year: 2014 (Funding years run from July 1 through the following June 30)

3 Entity Number: 133849

4a Street Address, P.O.Box, or Route Number:
105 E 5TH ST

City: SHERBURN State: MN Zip Code: 56171 -0000

4b Telephone Number: (507) 728 -8276

4c Fax Number: (507) 728 -8276

5a Eligible Entities That Will Receive Services:

Check the ONE choice in 5a that best describes the eligible entities that will receive the services described in this form. You will then list in Item 15 the entity/entities that will pay the bills for these services.

☐ Individual School (individual public or non-public school)

☐ School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)

☐ Library (including library system, library outlet/branch or library consortium as defined under LSTA)

☐ Consortium (intermediate service agencies, states, state networks, consortia of schools and/or libraries)

☐ Statewide application for (enter 2-letter state code)
representing (check all that apply)

☐ All public schools/districts in the state

☐ All non-public schools in the state

☐ All libraries in the state

5b Recipient(s) of Services - Check all that apply:

☐ Private ☒ Public ☐ Charter

☐ Tribal ☐ Head Start ☐ State Agency

5c Number of eligible entities for which services are sought: 4

Block 1: Applicant Address and Information (continued)

6a Contact Person's Name:
Dawn Schultz

If the Contact Person's Street Address is the same as Item 4a above, check here. ☐ If not, complete Item 6b.

6b Street Address, P.O.Box, or Route Number:
NOTE: USAC will use this address to mail correspondence
105 E 5TH ST

City: SHERBURN State: MN Zip Code: 56171 -0000

Check the box next to your preferred mode of contact and provide your contact information. One box MUST be checked and an entry provided.

☐ 6c Telephone Number: (507) 764 -2330

☐ 6d Fax Number: (507) 764 -2335

☒ 6e E-Mail Address: dawn_schultz@martin.k12.mn.us
Re-enter E-mail Address: dawn_schultz@martin.k12.mn.us

If a consultant is assisting you with your application process, please complete Item 7 below:

7 Consultant Name:
Name of Consultant's Employer:
Consultant's Street Address:

City: State: Zip Code:

Consultant's Telephone Number: Ext.

Consultant's Fax Number:

Consultant's E-mail Address:

Re-enter E-mail Address:

Consultant Registration Number: